

# Wisconsin Department of Regulation & Licensing

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## DIVISION OF PROFESSIONAL CREDENTIAL PROCESSING

### APPLICATION FOR LICENSE FOR CEMETERY AUTHORITY

A cemetery authority that operates more than one cemetery shall apply for a separate license for each cemetery (check all boxes that apply):

- ☐ that is 5 acres or more in size.
- ☐ sells 20 or more cemetery lots or mausoleum spaces during a calendar year.
- ☐ has \$100,000 or more in pre-need trust accounts for a cemetery.

If one or more boxes have been checked, you must apply for licensure.

**EXCEPTIONS:** See bottom half of Page 3.

**1. NAME OF CEMETERY AUTHORITY**

**2. DAYTIME TELEPHONE NUMBER**

( )

**3. MAILING ADDRESS OF CEMETERY AUTHORITY** (Number, Street, City, State, Zip Code)

**4. NAME OF CEMETERY IF DIFFERENT FROM NAME OF AUTHORITY** (Number, Street, City, State, Zip Code)

**5. ADDRESS OF CEMETERY IF DIFFERENT FROM CEMETERY AUTHORITY** (Number, Street, City, State, Zip Code)

**6 NAME AND ADDRESS OF THE PRIMARY BUSINESS REPRESENTATIVE FOR THE CEMETERY WHO IS PRIMARILY RESPONSIBLE FOR THE CEMETERY AUTHORITY'S COMPLIANCE WITH SUBCH. II OF CH. 157 AND CH. 440.91(1)(b), STATS.**

**APPLICATION FEE:** Please make check payable to Department of Regulation and Licensing and attach to application.

☐ \$ 53.00 Initial credential fee

**For Receipting Use Only**

| For Department Use Only |                 |
|-------------------------|-----------------|
| Reg. Type               | Reg. Number     |
| Grant Date              | Expiration Date |

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## 7. STATEMENT OF ARREST OR CONVICTION: MARK AN X IN THE APPROPRIATE BOX.

If you answer **YES** to any questions, give all details on a separate sheet.

- |   | <u>YES</u>               | <u>NO</u>                |
|---|--------------------------|--------------------------|
| A. Has the cemetery authority owners, officers or business representative ever been convicted of a misdemeanor or a felony? <u>If YES, complete and attach Form #2252.</u>  | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Does the cemetery authority owners, officers or business representative have any felony or misdemeanor charges pending against the it? <u>If YES, attach a sheet providing details about the pending charge, including status of the charge and the location of court.</u>   | <input type="checkbox"/> | <input type="checkbox"/> |
| C. Has the cemetery authority owners, officers or business representative ever surrendered, resigned, cancelled or been denied a professional license or other credential in Wisconsin or any other jurisdiction? <u>If YES, give details on an attached sheet, including the type of license and the agency.</u>   | <input type="checkbox"/> | <input type="checkbox"/> |
| D. Has any licensing or other credentialing agency ever taken any disciplinary action against the cemetery authority owners, officers or business representative, including but not limited to, any warning, reprimand, suspension, probation, limitation or revocation? <u>If YES, attach a sheet providing details about the action, including the name of the credentialing agency and date of action.</u> | <input type="checkbox"/> | <input type="checkbox"/> |
| E. Is disciplinary action pending against the cemetery authority owners, officers or business representative in any jurisdiction? <u>If YES, attach a sheet providing details about pending action, including the name of the agency and status of action.</u>  | <input type="checkbox"/> | <input type="checkbox"/> |
| F. Have any suits or claims ever been filed against the cemetery authority owners, officers or business representative as a result of professional services? <u>If YES, submit a copy of the claim or suit and a copy of the final settlement or disposition.</u>   | <input type="checkbox"/> | <input type="checkbox"/> |
| F. Does the cemetery authority currently hold, or has it held in the past, any credential (license) issued by the Department of Regulation and Licensing or any of the Boards? <u>If YES, what type of credential?</u>  | <input type="checkbox"/> | <input type="checkbox"/> |

And if in another name, what name? \_\_\_\_\_

## 8. STATEMENT OF OWNERSHIP, OPERATION OR OTHER FINANCIAL INTEREST IN A FUNERAL ESTABLISHMENT. MARK AN X IN THE APPROPRIATE BOX.

If you answer **YES** to any questions, give all details on a separate sheet.

- |   | <u>YES</u>               | <u>NO</u>                |
|---|--------------------------|--------------------------|
| A. Does the cemetery authority have any ownership, operation, or other financial interest in a funeral establishment? <u>If YES, please explain.</u>                | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Do any employees of the cemetery authority have any ownership, operation, or other financial interest in a funeral establishment? <u>If YES, please explain.</u> | <input type="checkbox"/> | <input type="checkbox"/> |
| C. Do any agents of the cemetery authority have any ownership, operation, or other financial interest in a funeral establishment? <u>If YES, please explain.</u>    | <input type="checkbox"/> | <input type="checkbox"/> |

## 9. LIST INFORMATION FOR ALL OFFICERS, INCLUDING DIRECTORS AND TRUSTEES OF THE CEMETERY AUTHORITY:

| Name  | Title | Address |
|-------|-------|---------|
| _____ | _____ | _____   |
| _____ | _____ | _____   |
| _____ | _____ | _____   |
| _____ | _____ | _____   |
| _____ | _____ | _____   |
| _____ | _____ | _____   |
| _____ | _____ | _____   |

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## 10. AFFIDAVIT MUST BE SIGNED BY THE BUSINESS REPRESENTATIVE IN THE PRESENCE OF A NOTARY PUBLIC.

I state that all the answers set forth are each and all strictly true in every respect. I understand that false or forged statements made in connection with this application may be grounds for revocation of the credential. I also understand that if the cemetery authority is issued a credential, failure to comply with the laws or rules of the Department of Regulation and Licensing will be cause for disciplinary action.

\_\_\_\_\_  
Business Representative's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Business Representative's Name (type or print)

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Signature of Notary Public

**S E A L**

\_\_\_\_\_  
Date Commission Expires

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## EXCEPTIONS

The following cemetery authorities are exempt from registration: cemetery authorities of a cemetery organized, maintained and operated by a town, village, city, church, synagogue or mosque, religious, fraternal or benevolent society or incorporated college of a religious order.